

Approved For Release 2000/04/12 : CIA-RDP64-00360R000400110019-6  
PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. \_\_\_\_\_  
Bu. Vou. No. 398

U. S. COST REIMBURSABLE  
(Department, bureau, or establishment)

Voucher prepared at \_\_\_\_\_  
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. 1431

To \_\_\_\_\_  
(Payee)

PAID BY  
SAPC 9303  
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)  Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				117	25

PAYMENT:

Complete ☐  
Partial ☐  
Final ☐

Use continuation sheet(s) if necessary

Shipped from \_\_\_\_\_ to \_\_\_\_\_ Weight \_\_\_\_\_ Government B/L No. \_\_\_\_\_ Total \$ 117 25

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Date 8-29-51  
Per \_\_\_\_\_  
Contract No. A101 Date \_\_\_\_\_ Reg. No. \_\_\_\_\_  
Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

Differences \_\_\_\_\_  
STATOTHR  
Amount verified; correct for 117 25  
(Signature or initials) JAS

Contract No. A101 Date \_\_\_\_\_ Reg. No. \_\_\_\_\_ Date \_\_\_\_\_ Invoice Rec'd. \_\_\_\_\_

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

Approved for \$ \_\_\_\_\_  
By \_\_\_\_\_  
Title \_\_\_\_\_

SIGN ORIGINAL ONLY

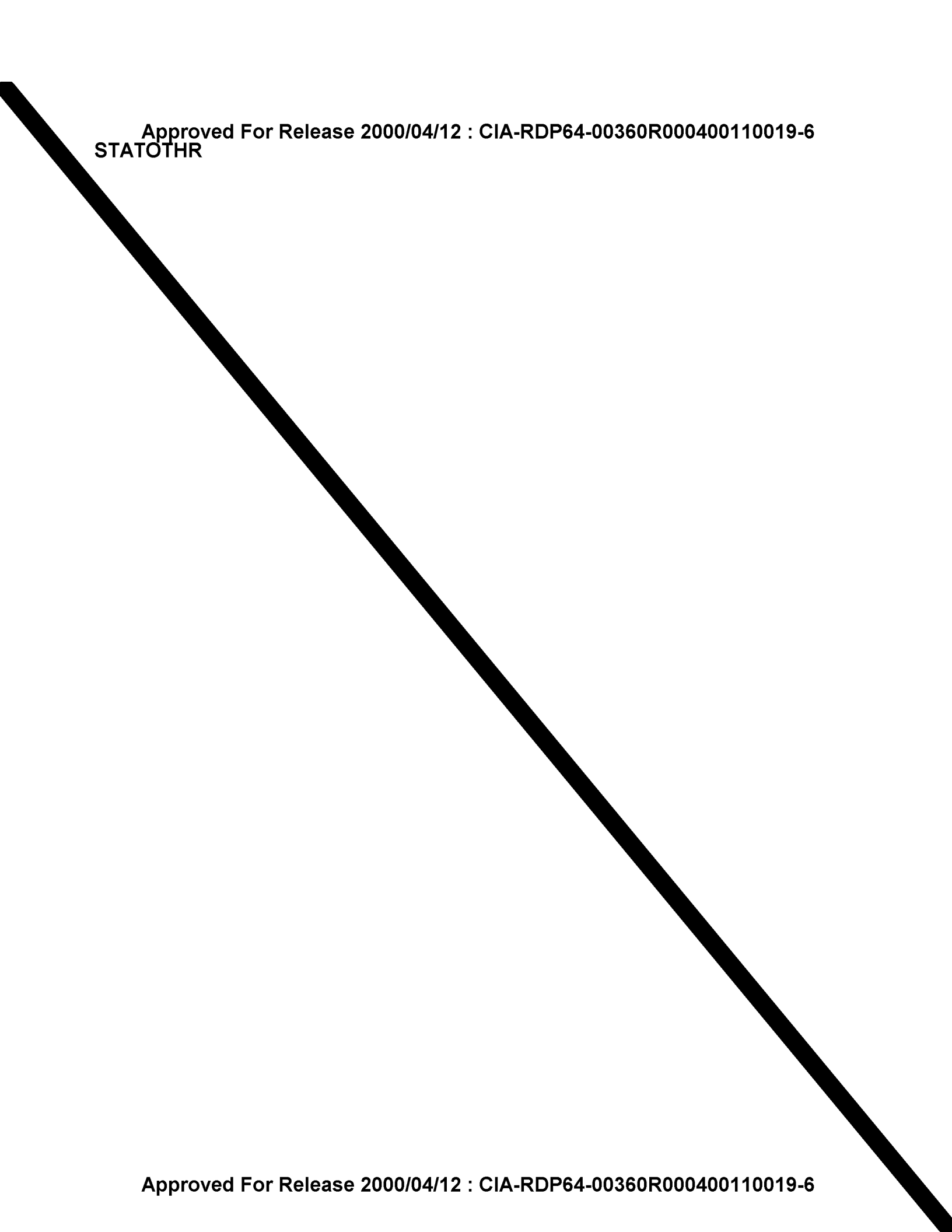
1956  
Title \_\_\_\_\_  
Date \_\_\_\_\_  
(Approving Officer)  
STATOTHR

STATOTHR THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$ \_\_\_\_\_ } on Treasurer of the United States in favor of payee named above.  
Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_ Payee \_\_\_\_\_  
(Sign original only)

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